

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<i>Complete if Known</i>	
FEES TRANSMITTAL For FY 2009		Application Number	10/590,847-Conf. #3804
		Filing Date	August 25, 2006
		First Named Inventor	Kyuhei KITAO
		Examiner Name	M.C. McCulley
		Art Unit	1796
TOTAL AMOUNT OF PAYMENT (S) 940.00		Attorney Docket No.	3273-0227PUS1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Nonc	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account				Deposit Account Number: 02-2448

Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20	- 22 or HP	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP	x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)	Fee Paid (\$)
-----------------	---------------

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...

810.00

1251 Extension for response within first month

130.00

SUBMITTED BY		Signature 	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)		Marc S. Weinert	Date	DEC 8 2008		